



23 June 2023

A new model for regulating Aged Care

Submission to the Department of Health and Aged Care



Who we are

The Federation of Ethnic Communities' Councils of Australia (FECCA) is the national peak body representing Australia's culturally, ethnically, and linguistically diverse (CALD) communities and their organisations. FECCA has over 20 member organisations and through the membership of state, territory, and regional councils, it represents over 1,500 community organisations and their members.

We draw on the lived experiences of the people and the expertise of its extensive and diverse membership to develop and promote inclusive, innovative, and responsible public policy that reflects and harnesses the strength of multicultural Australia.

What we do

FECCA has had a longstanding presence in policy and advocacy on ageing, aged care, disability, and overall health of CALD Australians. It is funded by the Department of Health as the peak body for older persons from CALD backgrounds and has provided expert advice and led initiatives to mobilise community participation in the Royal Commission into Aged Care Quality and Safety.

FECCA is leading the implementation of the EnCOMPASS: Multicultural Aged Care Connector Program in 29 sites across the country in partnership with 23 local multicultural and ethno-specific organisations. In less than two years, EnCOMPASS has assisted about 9,000 older persons in accessing aged care supports and services and over 35,000 community members were engaged to build community knowledge and sustainable navigation systems.

This submission on the new model for regulating Aged Care drew insights from thousands of older persons and carers, aged care workers, service providers, and community leaders and touchpoints who were engaged by the EnCOMPASS Program and from participants of various consultation on this piece of reform.

We welcome the opportunity to expand on this submission as required. For enquiries, please contact FECCA CEO Mohammad Al-Khafaji at ceo@fecca.org.au or on (02) 6282 5755.



We pay our respects to Aboriginal and Torres Strait Islander Elders past and present and recognise that the land we live and work upon was never ceded. We proudly support the Uluru Statement from the Heart and its call for the establishment of a First Nations Voice protected by the Constitution.

We acknowledge that our work on behalf of multicultural Australia has learnt from and been enriched by First Nations peoples and organisations. We are committed to continuing to listen, learn and support First Nations peoples in the journey to a more inclusive society.



Facts & Figures

According to the 2016 Australian Bureau of Statistics (ABS) Census, 1.2 million older Australians had been born overseas, representing over one-third (37 per cent) of all people aged 65 and over. It was also reported that 1 in 5 (20 per cent) older Australians (aged 65 and over) were born in non-English speaking countries of which 18 per cent spoke a language other than English at home.

In the 2021 census, more than half of the Australian population were either born overseas or had at least one parent born overseas, and 22.8 per cent of people spoke a language other than English at home.

GEN Aged Care Data

At 30 June 2022 (or during the 2021–22 financial year for home support):

- Across all mainstream aged care services (residential care, home care and home support), 33 per cent of people were born overseas. Of those, 67 per cent were born in non-English-speaking countries, and 33 per cent were born in other English-speaking countries.
- People using these mainstream services also spoke a range of languages. Home care had the largest proportion of people with a preferred language other than English (18 per cent), followed by respite residential care, home support and permanent residential care (11 per cent, 9.6 per cent and 9.0 per cent respectively).

At 30 June 2021:

- Compared with people born in Australia or other English-speaking countries, people born in non-English-speaking countries were assessed as having slightly higher care needs in each domain. For example, in *cognition and behaviour*, high care needs were recorded for 73 per cent of people born in non-English speaking countries, compared with 64 per cent of people born in Australia and 67 per cent of people born in other English-speaking countries.
- Similarly, care need ratings were slightly higher among people who preferred to speak languages other than English compared with people who preferred to speak English—For example, 76 per cent and 65 per cent of people were assessed as having high care needs in *cognition and behaviour*, respectively.
- The Department of Health's 2020 Aged Care Workforce Census found that 36 per cent of personal care attendants in residential aged care identified as being from a CALD background, increasing to 58 per cent in facilities with a higher proportion of CALD residents (Department of Health 2021).



1. Raising the quality of aged care

What regulatory interventions are needed to raise the quality of care?

To raise the quality of care, what role should government and non-government stakeholders play?

Culture change is key to raising the quality of aged care. Who can be the culture change champions, either at the local or the sector level? What support will they need to champion culture change?

The aged care sector has been undergoing massive reforms since the Royal Commission into Aged Care Quality and Safety handed its final report in 2021 and the Aged Care Quality and Safety Commission (Commission) has since delivered critical regulatory reforms ‘to protect and improve the safety, health, wellbeing and quality of life of people receiving Australian funded aged care.’

In her address at the recent National Aged Care Provider Conference 2023, Aged Care Quality and Safety Commissioner Janet Anderson said that stakeholders seek these shared outcomes —

- A great aged care experience for every older Australian using aged care services
- A thriving aged care sector that accepts and delivers on the social license that comes with being an aged care provider
- A regulator that has impact and delivers value for older Australians, providers, and the wider community.

In an environment where only 1.8 per cent of Australians said they had a great deal of confidence in aged care¹ the Commission has a critical role to play as improvements in quality and safety outcomes are central to changing public’s confidence.

The Commission has placed emphasis on ‘relational regulation’ that is, to ‘build relationships, trust and transparency’. The reform and public’s confidence in the ongoing reform are inextricably linked; at present, there remains a significant disconnect between government (agencies that create new aged care policies and regulators that ensure policy outcomes are achieved) and the older persons and their carers.

¹ The ANU Centre for Social Research and Methods. [Views and experience of the aged care system in Australia – April 2021](#). Accessed: 19 June 2023



FECCA consulted with over 200 older persons and carers from culturally, ethnically, and linguistically diverse (CALD) backgrounds across the country in the last six months. Here are critical reform insights that the Commission needs to consider:

- Older persons who have been presented the Charter of Aged Care Rights understood its value, but many believe a supportive and enabling environment needs to be in place where they can safely elevate their concerns, in their preferred language, and with people that can they trust.
- Language support is a critical concern. There are older persons who are denied services because providers are reportedly short-staffed and do not have adequate resources to support those requiring interpreting services. Similarly, there are older persons already receiving care who feel resigned and prefer not to ask for language support to avoid conflict.
- There is a general sense that information on the responsibilities of providers and their rights are not accessible and that demanding culturally appropriate care would cause a burden to the system and to themselves.
- Older persons often rely on the support of carers and community touchpoints (faith leaders, community leaders, social workers etc) to understand the scope and boundaries of services they receive and more so, in making sense of the ongoing reform. Individual agency is strengthened by networks of support that help them access relevant and credible information to aid in decision making.
- Older people in home care are often isolated from networks of support and do not have access to a third-party line of sight that is readily available to older persons in residential aged care facilities and those who are in social support groups. This isolation further disempowers older persons who are unable to express themselves in English and increases their vulnerability to abuse from their families, carers, and home care workers providing domestic assistance, home maintenance and repairs, meals, and transport.

Raising the quality of care would require culture change, and culture change can only happen if older persons and carers know the standards and are engaged in ensuring standards are met.

The Commission needs to focus on strengthening its engagement of older persons and carers aside from building provider capability. This is most critical among older persons from diverse groups particularly, older persons from CALD backgrounds who are experiencing systemic barriers due to language and cultural differences.



FECCA believes that the Commission needs to have an active engagement and presence at the community level and be the primary champion for culture change.

Key recommendation 1: Create Regulatory Hubs

FECCA and its stakeholders recommend the creation of 'Regulatory Hubs' which in current structure would be well-placed in each Aged Care Planning Region. The concept takes a leaf from the World Health Organisation's framework on integrated people-centred health services (IPCHS) which emphasizes strategies on engaging and empowering people and communities.² Taking a people-centred orientation is a key driver and experiences in other countries have shown its practical applications in transitioning to new models of regulation.

Creating 'Regulatory Hubs' will provide a human touch and will bring aged care reform and regulation at the coal face. It is an enormous opportunity to address the disconnect and sense of resignation among older persons and carers.

Through the Hub, regulators and community partners can work together in mobilising older persons, carers, aged care service providers, workers, community associations, social groups, faith leaders, health professionals, community, and social care services, etc to foster broader awareness and understanding of the reform, how it works, and how to improve access and delivery of quality aged care for older persons.

Working through 'Regulatory Hubs', the Commission can tailor-fit its engagements with older persons, families, carers, and communities according to their needs and circumstances such as those in regional, rural, and remote locations, those from a culturally and linguistically diverse background, or people with trauma experience.

The Commission's 'Consumers and Families Panel' need to be present on the ground and be a critical part of the 'Hub' to harness as much diversity in lived experiences across the country. The current system invites interested parties to apply online or email the Commission in order to join the Panel. This presents a significant barrier to older persons, families, and carers who have challenges going online, whose primary language is not English, and who may be visually or physically impaired.

FECCA stakeholders have also raised concerns over less stringent regulations for provider Categories 1 to 3 recognising the vulnerability of isolated older persons. Many have highlighted cases in the disability sector where regulators and the system have critical weaknesses in protecting people who are receiving disability care.

² WHO. https://www.who.int/health-topics/integrated-people-centered-care#tab=tab_1. Accessed: 19 June 2023.



'Regulatory Hubs' can play a role in addressing this potential risk as sole proprietors can be encouraged to participate. The Hub can be an opportunity to establish credibility as well as show commitment to open themselves up to scrutiny.

'Regulatory Hubs' can play an essential role in the early years of regulatory reform implementation when all stakeholders—older persons, carers, service providers, advocates—are building their capability to operate or navigate in this new environment.

As aged care policies and its regulatory regime mature, 'Regulatory Hubs' can transition into community-driven platforms for sustainable, ground-up policy and regulatory engagement.

Key recommendation 2: Provide a Service Charter

The Commission has a Statement of Intent which "responds to the interim Statement of Expectations issued jointly by the Minister for Health and Aged Care and the Minister for Aged Care, and signed by the Minister for Aged Care, Hon Anika Wells MP on 11 October 2022."³

The document clearly states that "the Commission is focused on supporting the Government's objective of ensuring the safety, dignity and wellbeing of every older Australian accessing aged care services".

Following a person-centred framework and in anticipation of a new Aged Care Act that is anchored on human rights, this is one area where the Commission can consider balancing its role supporting Government vis-à-vis proactively protecting older persons.

A 'Service Charter' will help set out how the Commission will act on complaints and other interactions with older persons and their carers such as seeking clarifications on any aged care policy, reporting misconduct, and seeking redress from harm caused by service providers. It will spell out service standards such as response times and what support can be expected while concerns are being addressed.

Through a 'Service Charter', the Commission can establish its leadership in implementing culture change by putting itself out to standard for scrutiny.

In summary, both the Government (including the regulators) and aged care providers need to restore their social license to operate in aged care and regulatory compliance is but a basic requirement.

³ Aged Care Quality and Safety Commission. [Statement of Intent](#). Accessed: 19 June 2023



To rebuild that trust, FECCA encourages the Commission to consider developing a 'Service Charter' and leverage on local knowledge and support by investing in 'Regulatory Hubs'.

2. Supporting quality care

What are your views on the proposed approach to supporting quality care?

What challenges can you identify for implementing the proposed approach to engagement and capability building? What could be the solutions?

What types of education or engagement do you think would support providers to continuously improve?

FECCA broadly supports what the Commission has outlined as new approaches to supporting quality care, its focus on building the capability of service providers to proactively and effectively engage older persons and their carers, and building a culture for continuous improvement.

At the heart of delivering quality and safe care are aged care workers. In consultations with aged care nurses from CALD backgrounds, it is worth noting that most have been in the sector for at least five years, and many have served for more than a decade.

Key recommendation 3: Commission to ensure reforms do not disadvantage aged care workers

They see working in aged care as a vocation, where every day is an opportunity to show kindness to very vulnerable older persons. However, they felt confused and let down by the reform as only Registered Nurses were covered by the recent pay rise leaving other nurses in the lurch.

Despite being among the lowest paid in the care sector, they continue to work in challenging environments taking care of an increasing number of older persons with complicated needs.



Aged care workers are concerned that trainings are not standardised. Many end up going through similar trainings by various trainers if they are working for different aged care providers. Overall, aged care workers who have been in the sector for at least five years, find little added value from the trainings yet, their time investment is significant, and they are not compensated for it.

The Commission needs to consider a role in standardising training and ensuring that new regulatory requirements do not have the unintended consequence of placing the burden on aged care workers.

How could the Regulator, the Department and providers improve the provision of information to older people and their representatives so that they have access to the right information, at the right time, in the right way?

We commend the Commission for recognising the need for ‘more considered and culturally appropriate engagement’ as the need to embed cultural diversity in regulatory tools and assessment and the need for cultural competency among mainstream providers are key challenges to making the reform relevant to older persons and carers from CALD backgrounds.

FECCA urges the Commission to consider investing in ‘Regulatory Hubs’ (see details in discussions under ‘Raising quality of aged care’ in previous pages).

The ‘Regulatory Hubs’ are platforms for iterative learning. Regulators can learn how to best engage older persons and carers and empower them to demand quality care from providers. Through the Hub, providers are effectively held to account but in a supportive learning environment as they invest time in building relationships with other stakeholders in the community. Through this, providers can be guided on where to seek support for issues such as language support.

Key recommendation 4: Communities to define and develop aged care reform messaging and engagement

Education and awareness campaigns are necessary but barely scratch the surface in responding to the challenges of ensuring “access to the right information, at the right time, in the right way”. These approaches are usually one-off and one-way that older persons without networks of supports are often left more confused and still, without the agency to act on their best interest.



The Hub can be a platform to co-design culturally relevant messaging and strategies and through its networks, reach out to the broader community.

Through its work supporting COVID-19 vaccination in CALD communities and working with older persons in the EnCOMPASS Program, FECCA learned that communities have different ways of making sense of information. When they define the messaging and deliver them in a manner that is relevant to community members, engagement becomes more positive and effective. Collective sensemaking essentially amplifies the impact of such campaigns.

It is FECCA's observation that sleek and highly-designed campaigns by communication consultancies have so far not been able to achieve such level of community engagement at least, in CALD communities. Additionally, media campaigns and online information have limited impacts in changing the mindsets of people in communities.

3. Conclusion

Commissioner Janet Anderson noted in her closing speech at the National Aged Care Provider Conference 2023 that regulators will look at provider's posture as it is not just about meeting the regulations, it is ultimately, about its commitment to deliver safe and quality care.

FECCA, as a peak body for CALD older persons, believes that to achieve this, the Commission needs to take the lead in creating an environment where providers work proactively with older persons, their carers, the regulators, and the broader community.

The Commission is in a position of influence to change the culture of looking at ageing as a deficit.

Empowering older persons to support a regulatory system where they can be their best advocates in receiving quality and safe aged care is a step in the right direction.





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